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MAV 9 1 200	8	her with applicable		Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450		
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490	7590 U5/03	/2007			of Mailing or Transmis	
VIDAS, ARRETT & STEINKRAUS, P.A.  1 hereby certify that this Fcc(s) Transmittal is being deposited with the U. States Postal Service with sufficient postage for first class mail in an enve addressed to the Mail Stop ISSUE FEE address above, or being facsi ransmitted to the USPTO (571) 273-2885. on the date indicated below.						
MINNETONKA, MN 55343-9185				Beth M. DeChene		. (Depositor's name)
				Both &M. De Chance		(Signature)
				May 21, 2007	·	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR ATTO	KNEY DOCKET NO.	CONFIRMATION NO.
10/668,069	09/22/2003		Sayuvongs Phandanou	=	P81.2-11251	2791
CITLE OF INVENTION	: WOOD SURROUND	ALUMINUM COMBINA	ATION STORM WINI	oows ·	<u> </u>	·
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSUE FOR	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	20	\$0	\$700	08/03/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS			•
JUNKER, JONATHAN T 3635 052-209000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Change of correspondence address (or Change of Correspondence or agents OR, alternatively.						
Address form P1U/SI	8/122) attached. icarion (or "Fee Address )2 or more recent) attacl	" Indication form	or agents OR, alternatively.  (2) the name of a single firm (having us a member a registered amoney or agent) and the names of up to 2 registered patent attorneys or ugents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME A	ND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print o	r type)	4 10 11 1	
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT 3 substitute for fling an assignment.  (a) NAME OF ASSIGNEE  (b) RESIDENCE: (CITY and STATE OR COUNTRY)						
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Picase check the appropr	rianc assignee category o	r categories (will not be p	erinted on the patent):	☐ Individual ☐ Corpora	tion or other private group	entity Government
4a. The following see(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue see shown above)  A check is enclosed.						
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